

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date				
							10575367						
							Applicant(s) Henri ROSSET						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		---	---				51					
2		1	---	---				52					
3		1	---	---				53					
4		3	---	---				54					
5		3	---	---				55					
6		(1)	---	---				56					
7		(1)	---	---				57					
8		(1)	---	---				58					
9		(1)	---	---				59					
10		(1)	---	---				60					
11		(1)	---	---				61					
12		(1)	---	---				62					
13		(1)	---	---				63					
14		(1)	---	---				64					
15		(1)	---	---				65					
16		(1)	---	---				66					
17			1					67					
18				1				68					
19				1				69					
20				1				70					
21				1				71					
22				1				72					
23				1				73					
24				1				74					
25				1				75					
26				1				76					
27				1				77					
28			1					78					
29				1				79					
30				1				80					
31				1				81					
32				1				82					
33				1				83					
34				1				84					
35				1				85					
36				1				86					
37				1				87					
38				1				88					
39				1				89					
40				1				90					
41				1				91					
42				1				92					
43				1				93					
44				1				94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	1		2		0								
Total Depend	19	↙	26	↙	0	↙							
Total Claims	20		28		0								